



Eagle Signal Controls

a division of Gulf+Western Manufacturing Co.

RECEIVED

MAR 16 1 41 PM '84

DEPARTMENT OF
WATER, AIR AND
WASTE MANAGEMENT

26

INDUSTRIAL BUSINESS UNIT

P.O. Box 3585
736 Federal Street
Davenport, Iowa 52808
(319) 326-8111

March 15, 1984

Iowa Department Of Water, Air,
& Waste Management
Henry A. Wallace Building
900 East Grand
Des Moines, Iowa 50319

Attention: Mr. Steve Hoambrecker

Dear Mr. Hoambrecker:

Enclosed is an ammended biennial hazardous waste report which corrects the kilogram calculation per our discussion of March 14, 1984.

As soon as we receive your report, we will inform you in writing of our plans to dispose of the hazardous waste we have on hand and how we will proceed to achieve small generator status.

Sincerely,

Robert E. Tanghe

Robert E. Tanghe
Manufacturing Engineer

RET:dj

Encl:



R00307806
RCRA RECORDS CENTER

BIENNIAL HAZARDOUS WASTE REPORT

FOR CALENDAR YEAR 1983

AMENDED

18

HAZARDOUS WASTE
PROGRAM

SECTION A - HAZARDOUS WASTE OPERATION CATEGORY

(select the category which describes your operation)

CATEGORY

- 1 A hazardous waste generator that ships waste off-site within 90 days of generation, and does not treat, store or dispose of waste on-site.
- 2 A hazardous waste generator that also treats, stores 1000 kg. or more for more than 90 days, or disposes of all of generated waste on-site.
- 3 A hazardous waste generator that ships some generated waste off-site within 90 days of generation, and also treats, stores 1000 kg. or more for more than 90 days, or disposes of some generated waste on-site.
- 4 A facility that does not generate hazardous waste, but treats, stores or disposes of hazardous waste on-site.

ENTER CATEGORY HERE =>

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Eagle Signal

SECTION B - TO BE COMPLETED BY CATEGORIES 1, 2 AND 3

1. You are not required to report as a hazardous waste generator under any of the following conditions. Check the block that meets the definition of your operation, if appropriate.

- ☐ NON-HANDLER Did not handle hazardous waste in any quantity during the calendar year 1983.
- ☐ SMALL-QUANTITY GENERATOR Did not generate more than 1000 kg. of hazardous waste (or more than 1 kg. of acutely hazardous waste) in any single month, or accumulate more than 1000 kg. of hazardous waste (or more than 1 kg. of acutely hazardous waste) on-site at any time during calendar year 1983.
- ☐ EXEMPT All wastes were generated in farming operations (40 CFR §262.51) or exempt pursuant to 40 CFR §261.4.
- ☐ BENEFICIAL USE All hazardous waste generated was beneficially used, reused, or recycled on-site prior to transportation or storage of more than 90 days, in accordance with 40 CFR §261.2 and §261.6(a).
- ☐ CLOSED Installation was closed prior to the beginning of calendar year 1983.
The status of this closed installation is ☐ TEMPORARY/ ☐ PERMANENT

2. ☐ This installation does not qualify for an exemption under 1, above.
[You are required to report as instructed in Section E on the reverse]

SECTION C - TO BE COMPLETED BY CATEGORIES 2, 3 AND 4

- | | |
|--|---|
| 1. COST ESTIMATE FOR FACILITY CLOSURE
\$ 3,460.00 | 2. COST ESTIMATE FOR POST-CLOSURE MONITORING & MAINTENANCE
(where applicable)
N/A |
|--|---|

3. Check here ☐ If your facility did not treat, store or dispose of regulated quantities of hazardous waste during calendar year 1983. Refer to definitions in Section B, above - This exemption was maintained because the facility qualified as:

NON-HANDLER ☐ (Check here ☐ if you wish to formally withdraw your Part A permit application and have not previously done so.)

CLOSED ☐

4. ☒ This facility does not qualify for an exemption under 3., above.
[You are required to report as instructed in Section E on the reverse.]

SECTION D - TO BE COMPLETED BY ALL CATEGORIES

- | | |
|---|--|
| 1. NAME & MAILING ADDRESS OF OPERATION (or affix mailing label from transmittal letter here. Make corrections to label as necessary.) | 2. LOCATION OF OPERATION (if different from mailing address) |
| | 3. EPA I.D. NUMBER
IAD051001337 |
| 4. NAME OF CONTACT PERSON
Arlee Tripaldi - Supervisor | 5. AREA CODE/TELEPHONE NUMBER
(319) 326-8281 |

CONTINUED ON REVERSE

SECTION E - REPORTING INSTRUCTIONS

Reproduce this page whenever any given listing exceeds 13 line numbers. Enter your I.D. NUMBER on each page used and number the pages in the space provided. Complete Section G only on the original of this page.

CATEGORY 1 Complete an individual Section F for each facility to which you shipped waste during this report period, reproducing this page as necessary, and Section G on the first page only.

CATEGORY 2 Complete item 1 (List your own I.D. number in this item) and item 5 of Section F (reproducing this page as necessary), and Section G on the first page only.

CATEGORY 3 Complete at least 2 reports, prepared as instructed for Categories 1 and 2.

CATEGORY 4 Complete Section F for each generator from which you received waste during the period of this report, reproducing this page as necessary, and complete Section G on the original page only.

SECTION F - HAZARDOUS WASTE MANAGEMENT

Items 1, 2 & 3: List the EPA I.D. number, name & address of the company to which you moved or from which you received hazardous waste.

1. EPA I.D. NUMBER IAD051001337	2. NAME Eagle Signal Div. Of Gulf + Western	3. MAILING ADDRESS 736 Federal Street Davenport, Iowa 52803
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4. TRANSPORTATION SERVICES USED - IDENTIFY BY NAME AND EPA I.D. NUMBER

5. WASTE IDENTIFICATION
(see attached instructions)

LINE NO.	DESCRIPTION OF WASTE	HAZARDOUS WASTE CODES	HANDLING CODE	AMOUNT OF WASTE (kilograms)
1	Chromic Acid	F101016 1 1 1 1 1 1 1 1	S101	1040
2	Cool-Phos	F101013 1 1 1 1 1 1 1 1	S01	416
3	Paint Sludge	D101011 1 1 1 1 1 1 1 1	S101	208
4	Isoprep # 188	F101016 1 1 1 1 1 1 1 1	S101	208
5	Derust	F101016 1 1 1 1 1 1 1 1	S101	416
6	Flux	D101011 1 1 1 1 1 1 1 1	S101	1456
7	Sanisol (Stod Sol)	D101011 1 1 1 1 1 1 1 1	S101	2496
8	Cutting Oil	D101018 1 1 1 1 1 1 1 1	S101	832
9	Acid Etching	D101012 D101017 1 1 1 1 1 1 1 1	S101	454
10	Unknown 10 (Flux)	D101011 1 1 1 1 1 1 1 1	S101	208
11	Unknown 11 (Flux)	D101011 1 1 1 1 1 1 1 1	S101	208
12	Unknown 12 (Isoprep # 188)	F101016 1 1 1 1 1 1 1 1	S101	208
13	Unknown 13 ()	D101012 D101017 1 1 1 1 1 1 1 1	S101	208

SECTION G - CERTIFICATION
(to be completed by all categories)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and any attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

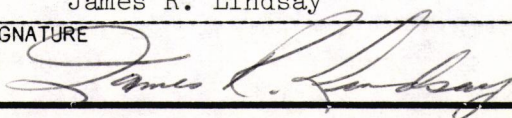
NAME OF AUTHORIZED REPRESENTATIVE (print or type)

James R. Lindsay

TITLE (vice-president or higher authority)

Operations Manager

SIGNATURE



DATE

March 15, 1984

**HAZARDOUS WASTE
PROGRAM**

BIENNIAL HAZARDOUS WASTE REPORT

FOR CALENDAR YEAR 1983

SECTION A - HAZARDOUS WASTE OPERATION CATEGORY

(select the category which describes your operation)

CATEGORY

- 1 A hazardous waste generator that ships waste off-site within 90 days of generation, and does not treat, store or dispose of waste on-site.
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- 4 A facility that does not generate hazardous waste, but treats, stores or disposes of hazardous waste on-site.

ENTER CATEGORY HERE =>

SECTION B - TO BE COMPLETED BY CATEGORIES 1, 2 AND 3

1. You are not required to report as a hazardous waste generator under any of the following conditions. Check the block that meets the definition of your operation, if appropriate.

- ☐ **NON-HANDLER** Did not handle hazardous waste in any quantity during the calendar year 1983.
- ☐ **SMALL-QUANTITY GENERATOR** Did not generate more than 1000 kg. of hazardous waste (or more than 1 kg. of acutely hazardous waste) in any single month, or accumulate more than 1000 kg. of hazardous waste (or more than 1 kg. of acutely hazardous waste) on-site at any time during calendar year 1983.
- ☐ **EXEMPT** All wastes were generated in farming operations (40 CFR §262.51) or exempt pursuant to 40 CFR §261.4.
- ☐ **BENEFICIAL USE** All hazardous waste generated was beneficially used, reused, or recycled on-site prior to transportation or storage of more than 90 days, in accordance with 40 CFR §261.2 and §261.6(a).
- ☐ **CLOSED** Installation was closed prior to the beginning of calendar year 1983.
The status of this closed installation is ☐ TEMPORARY/ ☐ PERMANENT

2. ☐ This installation does not qualify for an exemption under 1, above.
[You are required to report as instructed in Section E on the reverse]

SECTION C - TO BE COMPLETED BY CATEGORIES 2, 3 AND 4

- | | |
|--|--|
| <p>1. COST ESTIMATE FOR FACILITY CLOSURE</p> <p>\$</p> | <p>2. COST ESTIMATE FOR POST-CLOSURE MONITORING & MAINTENANCE (where applicable)</p> <p>\$</p> |
|--|--|
3. Check here ☐ If your facility did not treat, store or dispose of regulated quantities of hazardous waste during calendar year 1983. Refer to definitions in Section B, above - This exemption was maintained because the facility qualified as:
- | | |
|--------------------------------------|--|
| NON-HANDLER <input type="checkbox"/> | (Check here <input type="checkbox"/> if you wish to formally withdraw your Part A permit application and have not previously done so.) |
| CLOSED <input type="checkbox"/> | |

4. ☐ This facility does not qualify for an exemption under 3., above.
[You are required to report as instructed in Section E on the reverse.]

SECTION D - TO BE COMPLETED BY ALL CATEGORIES

- | | |
|--|---|
| <p>1. NAME & MAILING ADDRESS OF OPERATION (or affix mailing label from transmittal letter here. Make corrections to label as necessary.)</p> | <p>2. LOCATION OF OPERATION (if different from mailing address)</p> |
| <p>3. EPA I.D. NUMBER</p> | |
| <p>4. NAME OF CONTACT PERSON</p> | <p>5. AREA CODE/TELEPHONE NUMBER</p> |

CONTINUED ON REVERSE

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SECTION F - HAZARDOUS WASTE MANAGEMENT

Items 1, 2 & 3: List the EPA I.D. number, name & address of the company to which you moved or from which you received hazardous waste.

1. EPA I.D. NUMBER IAD051001337	2. NAME Eagle Signal Div. Of Gulf + Western	3. MAILING ADDRESS 736 Federal St. Davenport, Iowa 52803
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4. TRANSPORTATION SERVICES USED - IDENTIFY BY NAME AND EPA I.D. NUMBER

5. WASTE IDENTIFICATION
(see attached instructions)

LINE NO.	DESCRIPTION OF WASTE	HAZARDOUS WASTE CODES	HANDLING CODE	AMOUNT OF WASTE (kilograms)
1	Unknown 14 (Isoprep # 188)	FI 01 01 6 DI 01 01 2	[S1011]	208
2	Unknown 15 ()	DI 01 01 2 I I I I I I I I	[S1011]	208
3	Unknown 16 (Cutting Oil)	DI 01 01 8 I I I I I I I I	[S1011]	208
4		I I I I I I I I I I I I I I I I	[] [] [] []	
5		I I I I I I I I I I I I I I I I	[] [] [] []	
6		I I I I I I I I I I I I I I I I	[] [] [] []	
7		I I I I I I I I I I I I I I I I	[] [] [] []	
8		I I I I I I I I I I I I I I I I	[] [] [] []	
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10		I I I I I I I I I I I I I I I I	[] [] [] []	
11		I I I I I I I I I I I I I I I I	[] [] [] []	
12		I I I I I I I I I I I I I I I I	[] [] [] []	
13		I I I I I I I I I I I I I I I I	[] [] [] []	

SECTION G - CERTIFICATION

(to be completed by all categories)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and any attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME OF AUTHORIZED REPRESENTATIVE (print or type)

James R. Lindsay

TITLE (vice-president or higher authority)

Operations Manager

SIGNATURE

James R. Lindsay

DATE

March 15, 1984